

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10/519500</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">12/27/04</td><td style="width: 10%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/27/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER 5 DATE FILED 6 AMOUNT		
<input checked="" type="checkbox"/>	Filing	1	12/27/04	\$ 100																																																	
<input type="checkbox"/>	Amendment			\$																																																	
<input type="checkbox"/>	Extension of Time			\$																																																	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																	
<input type="checkbox"/>	Petition			\$																																																	
<input type="checkbox"/>	Issue			\$																																																	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																	
<input type="checkbox"/>	Maintenance			\$																																																	
<input type="checkbox"/>	Assignment			\$																																																	
<input type="checkbox"/>	Other			\$																																																	
7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>		\$ 100																																																			
8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="text-align: center;">9</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table> </td> </tr> </table>		<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>	1	1	--	0	6	0	0	10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation): _____</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation): _____																															
<input type="checkbox"/>	Treasury Check																																																				
<input checked="" type="checkbox"/>	Credit Deposit A/C #:																																																				
9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>	1	1	--	0	6	0	0																																													
1	1	--	0	6	0	0																																															
<input checked="" type="checkbox"/>	Overpayment																																																				
<input type="checkbox"/>	Duplicate Payment																																																				
<input type="checkbox"/>	No Fee Due (Explanation): _____																																																				
11 REFUND REQUESTED BY: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>A Johnson</u> </td> <td style="width: 40%;"> TITLE: <u>paralegal</u> </td> </tr> <tr> <td> SIGNATURE: <u>[Signature]</u> </td> <td> PHONE: <u>308-9140</u> </td> </tr> <tr> <td colspan="2"> OFFICE: <u>PCT</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>A Johnson</u>	TITLE: <u>paralegal</u>	SIGNATURE: <u>[Signature]</u>	PHONE: <u>308-9140</u>	OFFICE: <u>PCT</u>																																													
TYPED/PRINTED NAME: <u>A Johnson</u>	TITLE: <u>paralegal</u>																																																				
SIGNATURE: <u>[Signature]</u>	PHONE: <u>308-9140</u>																																																				
OFFICE: <u>PCT</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: